

Position Superintendent

Date(s)	Beginning Odometer	Ending Odometer	Destination
March 2, 2016			St. Michael MN

To get a signature for and easement on bridges 120-005 and 120-012

3-4-16
Date

Date _____

Kwik Trip
4400 O'Day Ave NE

St Michael
MN 55376

Store #: 681
Ticket: 3478478
Date: 3/2/2016
Time: 9:46:32 AM

CAR WASH CODE:
Code good at this
location only.
Please Use
Within 30 Days.

OXY87
Pump Number 21
Gallons 10.000
Price/Gal \$1.899
Total Fuel \$19.01

Total Sale \$19.01
MasterCard \$19.01

TID: RA1094000601906
Appr: 03322P

MasterCard
XXXXXXXXXXXX4297

03/02/2016 09:44:37

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

Apply For Your
Kwik Trip Card Today

Brookings County

Travel / Education Request Form

Name(s) Misty Moser

Department Wood & Pest Department Position Supervisor

Travel / Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
3-14-16			Haiti

Reason for Travel Haiti for meeting

Passengers None

Estimated Expenses

- Method of Travel: ☒ County Vehicle ☐ Private Auto
92 miles @ \$.42 / per mile = \$ _____
- Meals: ☐ Breakfast @ \$ _____ = \$ _____
☐ Lunch @ \$ _____ = \$ _____
☐ Dinner @ \$ _____ = \$ _____
- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
- Lodging: _____ Estimated number of days/nights = \$ _____
- Registration _____ Estimated cost = \$ _____
- Total Cost Estimate = \$ 0

Department Head designated mileage rate: \$ 00 /per mile

Misty Moser Department Head Signature 3-7-16 Date

Brookings County

Travel / Education Request Form

Name(s) Misty Moser

Department Weed & Pest Position Supervisor

Travel / Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
3-18-16			Clear Lake

Reason for Travel Deer County Meeting

Passengers NONE

Estimated Expenses

- Method of Travel: ☒ County Vehicle ☐ Private Auto
70 ~~80~~ miles @ \$ 42 / per mile = \$ _____
- Meals: ☐ Breakfast @ \$ _____ = \$ _____
☐ Lunch @ \$ _____ = \$ _____
☐ Dinner @ \$ _____ = \$ _____
- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
- Lodging: ☐ Estimated number of days/nights _____ = \$ _____
- Registration: ☐ Estimated cost _____ = \$ _____
- Total Cost Estimate = \$ 0

Department Head designated mileage rate: \$ 00 /per mile

Misty Moser Department Head Signature 3-7-16 Date

Travel/Education Request Form

Name(s) Michael Holzhauser

Department Veterans Affairs Position VSO

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
3/21/16			Sioux Falls

Reason for Travel:

Meet with Sioux Falls Claims Office. Will ride with a veteran rtaht has medical appointment.

Passengers: _____

Estimated Expenses:

•Method of Travel: ☐ County Vehicle ☒ Private Auto ☐ Air
 _____ Miles \$ _____ /mile =\$ 0.00

•Meals: _____ Breakfast @ \$ _____ =\$ 0.00
 _____ Lunch @ \$ _____ =\$ 0.00
 _____ Dinner @ \$ _____ =\$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ =\$ _____

•Lodging: _____ Estimated number of days/nights =\$ _____

•Registration: _____ Estimated Cost =\$ _____

Total Cost Estimate =\$ 0.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request ☐ Yes ☐ No


 Department Head Signature

3-16-16
 Date

Brookings County

Travel/Education Request Form

Name(s) Jeff Anderson

Department Highway

Position	Lead Foreman
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Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
March 22-24, 2016			Oacoma, SD

Reason for Travel:

Short Course

Passengers:

Estimated Expenses:

•Method of Travel: ☒ County Vehicle ☐ Private Auto ☐ Air

Miles \$ /mile =\$ 0.00

- Meals:

Breakfast @ \$ = \$ 0.00

2	Lunch @	\$ 11.00	= \$ 22.00
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2	Dinner @	\$ 15.00	= \$ 30.00
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Employees will not be reimbursed for meals that are included in the registration fee.

- Additional Expenses (taxi, parking, etc.):

Please list = \$ 0.00

•Lodging: 2 Estimated number of days/nights

= \$ 110.00

- Registration: 10000 Estimated Cost

= \$ 80.00

Total Cost Estimate = \$ 242.00

•Department Head designated mileage rate: \$ 0.50 /mile

•A travel advance form is attached to this request ☐ Yes ☒ No

Department Head Signature

3-4-2014
Date



2016 SHORT COURSE REGISTRATION FORM
CEDAR SHORE RESORT, OACOMA, SD - MARCH 22-24, 2016

PRE-REGISTRATION
DEADLINE IS MARCH 11, 2016

COUNTY/ORGANIZATION	Brookings County Highway Department		
NAME	Jeff Anderson	TITLE	Lead Foreman
SPOUSE/GUEST	NA	PHONE	605-696-8270
ADDRESS	422 Western Ave.		
CITY	Brookings	STATE	SD
		ZIP	57006

REGISTRATION FEES

REGISTRATION TYPE	BY 3/11/16	AFTER 3/11/16	TOTAL
COUNTY, DOT, LTAP EMPLOYEES	\$80	\$100	80.00
VENDOR	\$100	\$120	
SPOUSE / SIGNIFICANT OTHER	\$20	\$40	
ONE COMPLIMENTARY REGISTRATION W/ BOOTH REGISTRATION	FREE	FREE	
			80.00

Attendance at any/all conference functions requires registration. Many of the conference sessions will be beneficial to you and your staff and conference registration is prerequisite to attending. Registrants will be issued nametags, which are required for admittance to all functions.

PAYMENT TYPE

☐ Visa ☒ MasterCard ☐ Discover ☐ Check - Make payable to SDACHS ☐ Purchase Order No. _____

Credit Card Number	Exp. Date	Security Code
Brookings County	NA	605-696-8270
Name on Card	Signature	Phone Number
520 3rd St. Suite 210	Brookings	SD
Address	City	State

* A 3.5% convenience fee will be assessed to each credit card transaction.

Mail Registration Form and payment to: SDACHS, DJ Buthe, Secretary/Treasurer, PO Box 1364, Sioux Falls, SD 57101

Please pre-register for the following meals by circling your selection:		Attendee / Vendor	Spouse / Guest
Tuesday, March 22			
3:00 - 5:00 am	Vendor Expo Hors d'oeuvres	YES or NO	YES or NO
Wednesday, March 23			
7:00 - 8:00 am	Continental Breakfast at Registration	YES or NO	YES or NO
11:45 - 1:15 pm	Lunch Buffet	YES or NO	YES or NO
5:30 - 8:30 pm	President's Reception, Banquet with Entertainment	BEEF or CHICKEN	BEEF or CHICKEN
Thursday, March 24			
7:00 - 8:00 am	Breakfast Buffet	YES or NO	YES or NO

Travel / Education Request Form

Name(s) Manny LangstraatDepartment Sheriff's Office Position(s) Deputy Sheriff**Travel/Education**

Date(s)	Beginning Odometer	Ending Odometer	Destination
03/28 - 05/20/16			Sioux Falls

Reason for Travel K9 Training -
Training to certify the Deputy and Dog
for Drug Detection.

Passengers _____

Estimated Expenses

- Method of Travel: ☒ County Vehicle ☐ Private Auto
_____ miles @ \$____/per mile = \$ 500.00
 - Meals: ☒ Breakfast @ \$ 6.00 = \$ 0
40 Lunch @ \$ 11.00 = \$ 440.00
☒ Dinner @ \$ 15.00 = \$ 0
 - Additional Expenses (taxi, parking, etc)
Please list _____ = \$ 0
 - Lodging: ☒ Estimated number of days/nights _____ = \$ 0
 - Registration ☒ Estimated cost _____ = \$ 0
- Total Cost Estimate = \$ 940.00

Department Head designated mileage rate: \$ ____/per mile

Martin E. Hamrick

Department Head Signature

3-9-16

Date

Travel/Education Request Form

Name(s) Shawn Plowman and Jim SampsonDepartment CommissionPosition IT Support and GIS Tech

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
May 4th			Sioux Falls

Reason for Travel:

Homeland Security sessions entitled "Current cybersecurity threat/how can employees lessen the threat" and "Enhancing Emergency Reeadiness and Response through the Power of GIS." Sessions both begin at 1:15pm and go until 2:45pm after which we will return.

Passengers: Jim Sampson

Estimated Expenses:

•Method of Travel: ☐ County Vehicle ☒ Private Auto ☐ Air
 _____ Miles \$ _____ /mile =\$ 0.00

•Meals: _____ Breakfast @ \$ _____ =\$ 0.00
 _____ Lunch @ \$ _____ =\$ 0.00
 _____ Dinner @ \$ _____ =\$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ =\$ _____


•Lodging: 0 Estimated number of days/nights =\$ _____

•Registration: 0 Estimated Cost =\$ _____

Total Cost Estimate =\$ 0.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request ☐ Yes ☒ No


 Department Head Signature

3/4/16
 Date

Brookings County

Travel/Education Request Form

Name(s) Chris Lilla, Larry Klingbale & Jacob Brehmer

Department DOE Position _____

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
May 24 th thru May 27 th			Spearfish, SD

Reason for Travel: SDAAO Annual Conference

Passengers: possibly from other counties

Estimated Expenses:

- Method of Travel: ☒ County Vehicle ☐ Private Auto

_____ Miles @ \$_____ per mile = \$_____

- Meals: 10 Breakfast @ \$ 6.00 = \$ 60.00
12 Lunch @ \$ 11.00 = \$ 132.00
0 Dinner @ \$ 0 = \$ 0

- Reimbursement when done

Employees will not be reimbursed for meals that are included in the registration fee.

- Additional Expenses (taxi, parking, etc):
Please list _____ \$ 0

- Lodging: 9 Estimated number of days/9 nights \$ 83.00 = \$ 747.00

- Registration 3 Estimated cost @ \$ 140 = \$ 420

*Direct Bill
County claim for pre-registration*

Total Cost Estimate = \$ 1,359

Department Head designated mileage rate: \$_____/per mile

- A travel advance form is attached to this request yes _____ no X

[Signature]

DOE

Department Head Signature

3-8-16

Date